

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44588

FILED  
May 14, 2009  
Secretary of State

Entity Name: SOUTH MIAMI MEATS, INC.

**Current Principal Place of Business:**

990 N.W. 119 STREET  
MIAMI, FL 331682339

**New Principal Place of Business:**

**Current Mailing Address:**

990 N.W. 119 STREET  
MIAMI, FL 331682339

**New Mailing Address:**

FEI Number: 65-0044060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFONSO, LEONEL  
335 NAVARRET ST.  
CORAL GABLES, FL 33135 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALFONSO, LEONEL  
Address: 335 NAVARRE ST # 3  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: ARBAS, LIZETTE  
Address: 16301 STIRLING ROAD  
City-St-Zip: FT. LAUDERDALE, FL

Title: TD ( ) Delete  
Name: ALFONSO, VICTORIA  
Address: 16301 STIRLING ROAD  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD ( ) Delete  
Name: PEDRO, ARBAS  
Address: 16301 STIRLING ROAD  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZETTE ARBAS

VD

05/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date